

**SECRETARY OF THE STATE OF CONNECTICUT**

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov

#6380

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY - DOMESTIC

C.G.S. §§34-120; 34-121

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: Hagar Hajjar Chemali ADDRESS: 617 Round Hill Road CITY: Greenwich STATE: Connecticut ZIP: 06831	FILING FEE: \$120 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.) Greenwich Media Strategies, LLC	
2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED: ATTACH 8 1/2 X 11 SHEETS IF NECESSARY. <p>The purpose of the Limited Liability Company is to engage in any lawful act of activity for which a Limited Liability Company may be formed under the Connecticut Limited Liability Company Act.</p>	
3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O. BOX) PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: 617 Round Hill Road CITY: Greenwich STATE: Connecticut ZIP: 06831	
4. MAILING ADDRESS, IF DIFFERENT THAN #3: PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: CITY: STATE: ZIP:	
5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED: (COMPLETE A OR B NOT BOTH) <input checked="" type="checkbox"/> A. IF AGENT IS AN INDIVIDUAL. PRINT OR TYPE FULL LEGAL NAME: Hagar Hajjar Chemali	
BUSINESS ADDRESS (P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"	CONNECTICUT RESIDENCE ADDRESS (P.O. BOX NOT ACCEPTABLE)
ADDRESS: 617 Round Hill Road CITY: Greenwich STATE: Connecticut ZIP: 06831	ADDRESS: 617 Round Hill Road CITY: Greenwich STATE: Connecticut ZIP: 06831
SIGNATURE ACCEPTING APPOINTMENT:	

☐ **B. IF AGENT IS A BUSINESS:****PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:****CT BUSINESS ADDRESS** (P.O. BOX UNACCEPTABLE)

ADDRESS:

CITY:

STATE:

ZIP:


SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:**PRINT NAME & TITLE OF PERSON SIGNING:****6. MANAGER OR MEMBER INFORMATION-REQUIRED:** (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)
ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

NAME	TITLE	BUSINESS ADDRESS (No. P.O Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O Box)
Hagar Hajjar Chemali	Chief Executive Officer	617 Round Hill Road Greenwich, CT 06831	617 Round Hill Road Greenwich, CT 06831

7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES☐ MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS**8. ENTITY EMAIL ADDRESS-REQUIRED:** (IF NONE, MUST STATE "NONE.")

NONE

9. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)DATED THIS 9th DAY OF February, 2016

NAME OF ORGANIZER (PRINT OR TYPE)	SIGNATURE
Hagar Hajjar Chemali	

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ www.concord-sots.ct.gov

CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.

TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-5962 OR GO TO www.ct.gov/drs